

Section 5 — TOPICAL MODULES (Continued)	
Part B — CHILD CARE	
CHECK ITEM T2	<p><i>Refer to cc items 27 and 24.</i></p> <p>Is . . . the designated parent or guardian of children under 15 years of age who live in this household?</p>
	<p>8100 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to Check Item T12, page 61</i></p>
CHECK ITEM T3	<p>Is "Worked" (code 170) marked on the ISS?</p>
	<p>8102 1 <input type="checkbox"/> Yes — <i>SKIP to Check Item T6</i></p> <p>2 <input type="checkbox"/> No</p>
CHECK ITEM T4	<p><i>Refer to item 30a, page 13.</i></p> <p>Was . . . enrolled in school during the reference period?</p>
	<p>8103 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to Check Item T5</i></p>
<p>1. About how many hours per week did . . . usually spend in school last month?</p>	<p>8104 <input type="text"/> <input type="text"/> Hours</p> <p>OR</p> <p>x1 <input type="checkbox"/> Hours varied</p> <p>x2 <input type="checkbox"/> Don't know</p> <p>x3 <input type="checkbox"/> Not enrolled last month</p>
	<p style="text-align: right;">} <i>SKIP to Check Item T6</i></p>
CHECK ITEM T5	<p><i>Refer to item 2a, page 2.</i></p> <p>Did . . . spend any time looking for work or on layoff from a job during the reference period?</p>
	<p>8106 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>SKIP to Check Item T12, page 61</i></p>
<p>2. About how many hours per week did . . . usually spend looking for a job last month?</p>	<p>8108 <input type="text"/> <input type="text"/> Hours</p> <p>OR</p> <p>x1 <input type="checkbox"/> Hours varied</p> <p>x2 <input type="checkbox"/> Don't know</p> <p>x3 <input type="checkbox"/> Did not look for a job last month — <i>SKIP to Check Item T12, page 61</i></p>
<p>NOTES</p>	

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Part B — CHILD CARE (Continued)			
CHECK ITEM T6 <i>Refer to cc items 18, 19, 24, and 27.</i> <i>Beginning with the youngest child enter person numbers, ages, and names of children under 15, who are household members, for whom the person is a parent or guardian.</i>	YOUNGEST Person No. Age 8114 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Name _____	SECOND YOUNGEST Person No. Age 8116 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Name _____	THIRD YOUNGEST Person No. Age 8118 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Name _____
ASK 3a—5d for the youngest child and then ask 3a—5d for the second and third youngest.			
Now we have some questions about how the children in this household were cared for while ... was working (in school/looking for a job). 3a. During (Last month), what was (Name of child) usually doing or how was (Name of child) usually cared for during most of the hours that ... worked (was in school/was looking for a job)? <i>Mark the arrangement in which the child spent the most hours in a typical week last month.</i> <i>Mark (X) only one box.</i>	8120 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) 13 <input type="checkbox"/> Child not born and/or ... not guardian as of last month 14 <input type="checkbox"/> ... did not work, go to school, or look for job last month <div style="text-align: right; margin-top: 10px;"> <i>SKIP to Check Item T7</i> <i>SKIP to next child or Check Item T12, page 61</i> <i>SKIP to T12, page 61</i> </div>	8122 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) 13 <input type="checkbox"/> Child not born and/or ... not guardian as of last month <div style="text-align: right; margin-top: 10px;"> <i>SKIP to Check Item T7</i> <i>SKIP to next child or Check Item T12, page 61</i> </div>	8124 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Child's other parent/stepparent 2 <input type="checkbox"/> Child's brother/sister 3 <input type="checkbox"/> Child's grandparent 4 <input type="checkbox"/> Other relative of child 5 <input type="checkbox"/> Nonrelative of child 6 <input type="checkbox"/> Child in day/group care center 7 <input type="checkbox"/> Child in nursery/preschool 8 <input type="checkbox"/> Child in organized school-based activity (before/after school) 9 <input type="checkbox"/> Child in kindergarten, elementary or secondary school 10 <input type="checkbox"/> Child cares for self 11 <input type="checkbox"/> ... works at home 12 <input type="checkbox"/> ... cares for child at work (in class/while job hunting) 13 <input type="checkbox"/> Child not born and/or ... not guardian as of last month <div style="text-align: right; margin-top: 10px;"> <i>SKIP to Check Item T7</i> <i>SKIP to next child or Check Item T12, page 61</i> </div>
	b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?	8126 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place 	8128 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Child's home 2 <input type="checkbox"/> Other private home 3 <input type="checkbox"/> Other place
CHECK ITEM T7 Is box 3—8 marked in item 3a?	8132 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3f, page 58 	8134 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3f, page 58 	8136 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3f, page 58
3c. Was any money payment usually made for this arrangement?	8138 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3f, page 58 	8140 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes — SKIP to 3d 2 <input type="checkbox"/> No — SKIP to 3f, page 58 	8142 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes — SKIP to 3d 2 <input type="checkbox"/> No — SKIP to 3f, page 58
CHECK ITEM T8 Are there 2 or more children listed in Check Item T6?	8144 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — SKIP to 3e 		
ASK OR VERIFY — 3d. Does ... (or ...'s family) pay for (Name of child's) child care separately, or does the payment for the care you just described also cover some other child?	8146 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Payment for youngest child separately 2 <input type="checkbox"/> Includes another child 	8148 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Payment for second youngest child separately 2 <input type="checkbox"/> Includes another child 	8150 <ul style="list-style-type: none"> 1 <input type="checkbox"/> Payment for third youngest child separately 2 <input type="checkbox"/> Includes another child
ASK OR VERIFY — 9. In a typical week, how much did ... (or ...'s family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)	8152 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK	8154 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child	8156 \$ <input type="text"/> . <input type="text"/> 00 Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest

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	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
3f. About how many hours per week was (Name of child) usually cared for in the arrangement while ... worked (was in school/was looking for a job) last month?	8158 <input type="text"/> <input type="text"/> Hours	8160 <input type="text"/> <input type="text"/> Hours	8162 <input type="text"/> <input type="text"/> Hours
g. Was any other arrangement usually used for (Name of child) in a typical week last month?	8164 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T11	8166 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T11	8168 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to Check Item T11
4a. What did (Name of child) do or how was (Name of child) cared for during most of the other hours that ... worked (was in school/was looking for a job)? <i>Mark the arrangement in which the child spent the second most hours in a typical week.</i> <i>Mark (X) only one box.</i>	8170 <input type="checkbox"/> Child's other parent/stepparent <input type="checkbox"/> Child's brother/sister <input type="checkbox"/> Child's grandparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Nonrelative of child <input type="checkbox"/> Child in day/group care center <input type="checkbox"/> Child in nursery/preschool <input type="checkbox"/> Child in organized school-based activity (before/after school) <input type="checkbox"/> Child in kindergarten, elementary or secondary school <input type="checkbox"/> Child cares for self <input type="checkbox"/> ... works at home <input type="checkbox"/> ... cares for child at work (in class/while job hunting)	8172 <input type="checkbox"/> Child's other parent/stepparent <input type="checkbox"/> Child's brother/sister <input type="checkbox"/> Child's grandparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Nonrelative of child <input type="checkbox"/> Child in day/group care center <input type="checkbox"/> Child in nursery/preschool <input type="checkbox"/> Child in organized school-based activity (before/after school) <input type="checkbox"/> Child in kindergarten, elementary or secondary school <input type="checkbox"/> Child cares for self <input type="checkbox"/> ... works at home <input type="checkbox"/> ... cares for child at work (in class/while job hunting)	8174 <input type="checkbox"/> Child's other parent/stepparent <input type="checkbox"/> Child's brother/sister <input type="checkbox"/> Child's grandparent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Nonrelative of child <input type="checkbox"/> Child in day/group care center <input type="checkbox"/> Child in nursery/preschool <input type="checkbox"/> Child in organized school-based activity (before/after school) <input type="checkbox"/> Child in kindergarten, elementary or secondary school <input type="checkbox"/> Child cares for self <input type="checkbox"/> ... works at home <input type="checkbox"/> ... cares for child at work (in class/while job hunting)
b. Was (Name of child) usually cared for at his/her home, at someone else's home, or at some other place?	8176 <input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place	8178 <input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place	8180 <input type="checkbox"/> Child's home <input type="checkbox"/> Other private home <input type="checkbox"/> Other place
CHECK ITEM T9 Is box 3—8 marked in item 4a?	8182 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 4f	8184 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 4f	8186 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 4f
4c. Was any money payment usually made for this arrangement?	8188 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 4f	8190 <input type="checkbox"/> Yes — SKIP to 4d <input type="checkbox"/> No — SKIP to 4f	8192 <input type="checkbox"/> Yes — SKIP to 4d <input type="checkbox"/> No — SKIP to 4f
CHECK ITEM T10 Are there 2 or more children listed in Check Item T6?	8194 <input type="checkbox"/> Yes <input type="checkbox"/> No — SKIP to 4e		
4d. ASK OR VERIFY — Does ... (or ...'s family) pay for (Name of child)'s child care separately, or does the payment for the care you just described also cover some other child?	8196 <input type="checkbox"/> Payment for youngest child separately <input type="checkbox"/> Includes another child	8198 <input type="checkbox"/> Payment for second youngest child separately <input type="checkbox"/> Includes another child	8200 <input type="checkbox"/> Payment for third youngest child separately <input type="checkbox"/> Includes another child
e. ASK OR VERIFY — In a typical week, how much did ... (or ...'s family) usually pay in this arrangement for (Name of child)? (If payment includes money paid for another child, write in total amount for all children in first mentioned child's column. If dollar amount already recorded from previous child(ren) mark code X2 or X3 as applicable.)	8202 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child	8204 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child	8206 \$ <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> Per week x1 <input type="checkbox"/> DK Previously recorded for — x2 <input type="checkbox"/> Youngest child x3 <input type="checkbox"/> Second youngest
f. About how many hours per week was (Name of child) usually cared for in the arrangement while ... worked (was in school/was looking for a job)?	8208 <input type="text"/> <input type="text"/> Hours	8210 <input type="text"/> <input type="text"/> Hours	8212 <input type="text"/> <input type="text"/> Hours

Section 5 — TOPICAL MODULES (Continued)			
Part B — CHILD CARE (Continued)			
CHECK ITEM T11	YOUNGEST	SECOND YOUNGEST	THIRD YOUNGEST
Refer to Check Item T6. Is (Name of child) less than 5 years old?	8214 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old — SKIP to 5b	8216 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old — SKIP to 5b	8218 1 <input type="checkbox"/> Less than 5 years old 2 <input type="checkbox"/> 5 or more years old — SKIP to 5b
5a. During the past 12 months, did ... make any changes in the arrangements used for (Name of child) for 1 week or more during the time ... was working (at school/looking for a job)? <i>Do not consider temporary changes for less than 1 week. If ... stopped working (attending school/looking for a job) when schools were closed, then NO change should be recorded. Mark (X) box 3.</i>	8220 1 <input type="checkbox"/> Yes — SKIP to 5c 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended — SKIP to next child or Check Item T11.1	8222 1 <input type="checkbox"/> Yes — SKIP to 5c 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended — SKIP to next child or Check Item T11.1	8224 1 <input type="checkbox"/> Yes — SKIP to 5c 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended — SKIP to next child or Check Item T11.1
b. During the past 12 months, did ... make any changes in the arrangements used for (Name of child) during the time ... was working (at school/looking for a job)? Consider only changes that lasted for 1 week or more, including changes over the summer or between (Name of child's) school terms. Do not count changes in teachers or schools as a change of arrangement. <i>If ... stopped working (attending school/looking for a job) when schools were closed, then NO change should be recorded. Mark (X) box 3.</i>	8226 1 <input type="checkbox"/> Yes — SKIP to 5c 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended — SKIP to next child or Check Item T11.1	8228 1 <input type="checkbox"/> Yes — SKIP to 5c 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended — SKIP to next child or Check Item T11.1	8230 1 <input type="checkbox"/> Yes — SKIP to 5c 2 <input type="checkbox"/> No — SKIP to next child or Check Item T11.1 3 <input type="checkbox"/> Stopped working (attending school/ looking for work) when arrangement ended — SKIP to next child or Check Item T11.1
c. Excluding any time spent in kindergarten or grade school, how many different arrangements did (Name of child) use in the last 12 months. <i>Include only arrangements lasting for 1 week or more. Do not count different school grades or terms as a different arrangement.</i>	8232 <input type="text"/> Arrangements	8234 <input type="text"/> Arrangements	8236 <input type="text"/> Arrangements
d. For what reason(s) did the child care arrangements change? <i>Mark (X) all that apply.</i>	8238 1 <input type="checkbox"/> Beginning/ending/ changes in child's school enrollment 8244 2 <input type="checkbox"/> Beginning/ending/ changes in ...'s job 8250 3 <input type="checkbox"/> Beginning/ending/ changes in ...'s school enrollment 8256 4 <input type="checkbox"/> Cost 8262 5 <input type="checkbox"/> Availability or hours of care provider 8268 6 <input type="checkbox"/> Reliability of care provider 8274 7 <input type="checkbox"/> Quality of care provided 8280 8 <input type="checkbox"/> Location or accessability to care provider 8286 9 <input type="checkbox"/> Found better/less expensive/more convenient provider 8292 10 <input type="checkbox"/> Never had any regular arrangement 8298 11 <input type="checkbox"/> Child outgrew arrangement 8304 12 <input type="checkbox"/> No longer eligible for assistance 8310 13 <input type="checkbox"/> Arrangement no longer available 8316 14 <input type="checkbox"/> Other — Specify <input type="text"/>	8240 1 <input type="checkbox"/> Beginning/ending/ changes in child's school enrollment 8246 2 <input type="checkbox"/> Beginning/ending/ changes in ...'s job 8252 3 <input type="checkbox"/> Beginning/ending/ changes in ...'s school enrollment 8258 4 <input type="checkbox"/> Cost 8264 5 <input type="checkbox"/> Availability or hours of care provider 8270 6 <input type="checkbox"/> Reliability of care provider 8276 7 <input type="checkbox"/> Quality of care provided 8282 8 <input type="checkbox"/> Location or accessability to care provider 8288 9 <input type="checkbox"/> Found better/less expensive/more convenient provider 8294 10 <input type="checkbox"/> Never had any regular arrangement 8300 11 <input type="checkbox"/> Child outgrew arrangement 8306 12 <input type="checkbox"/> No longer eligible for assistance 8312 13 <input type="checkbox"/> Arrangement no longer available 8318 14 <input type="checkbox"/> Other — Specify <input type="text"/>	8242 1 <input type="checkbox"/> Beginning/ending/ changes in child's school enrollment 8248 2 <input type="checkbox"/> Beginning/ending/ changes in ...'s job 8254 3 <input type="checkbox"/> Beginning/ending/ changes in ...'s school enrollment 8260 4 <input type="checkbox"/> Cost 8266 5 <input type="checkbox"/> Availability or hours of care provider 8272 6 <input type="checkbox"/> Reliability of care provider 8278 7 <input type="checkbox"/> Quality of care provided 8284 8 <input type="checkbox"/> Location or accessability to care provider 8290 9 <input type="checkbox"/> Found better/less expensive/more convenient provider 8296 10 <input type="checkbox"/> Never had any regular arrangement 8302 11 <input type="checkbox"/> Child outgrew arrangement 8308 12 <input type="checkbox"/> No longer eligible for assistance 8314 13 <input type="checkbox"/> Arrangement no longer available 8320 14 <input type="checkbox"/> Other — Specify <input type="text"/>
	SKIP to next child or Check Item T11.1	SKIP to next child or Check Item T11.1	Go Check Item T11.1

Section 5 — TOPICAL MODULES (Continued)	
Part B — CHILD CARE (Continued)	
CHECK ITEM T11.1 Refer to cc items 27 and 24. Is . . . the designated parent or guardian of 4 or more children under 15 years of age who live in this household?	8322 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to 6b</i>
6a. Considering all of . . . 's children under 15 in the household, even those not previously mentioned, how much did . . . (or . . . 's family) pay for child care for all of . . . 's children for all arrangements used in a typical week last month? <i>(Exclude the cost of school tuition for kindergarten, elementary, or secondary school.)</i>	8324 \$ <input style="width: 80px;" type="text"/> . <input style="width: 40px;" type="text"/> 00 Per week x2 <input type="checkbox"/> All costs already recorded for the three youngest children
b. During (Last month), were any changes made in the child care arrangements used for any of your children because the child care provider who usually took care of the child(ren) was not available? <i>(Include both unexpected and anticipated losses of child care providers, even for part of the day.)</i>	8326 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — <i>SKIP to Check Item T12</i>
c. When these changes in arrangements occurred (Last month) did . . . (or . . . 's spouse) lose any time from work (school/job hunting)?	8328 1 <input type="checkbox"/> Yes, respondent lost time 2 <input type="checkbox"/> Yes, spouse lost time 3 <input type="checkbox"/> Both, respondent and spouse lost time 4 <input type="checkbox"/> No x1 <input type="checkbox"/> Don't know
NOTES	